

New: The Medical Examiners' Handbook, September 1998 Revision is available upon request. Added features and update information are shown on page 8.

New: Visit the L&I web site at www.wa.gov/lni/



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Addresses and Phone Numbers (Updates)

Attention All Providers

Please see the September 1998 Provider Update # 98-02 for other addresses and phone numbers you may need. If you need a copy of this publication, please call 1-800-848-0811.

Crime Victims' Compensation Program:

All correspondence and billing regarding crime victims' claims should be sent to:

Crime Victim Compensation Program
Department of Labor and Industries
PO Box 44520
Olympia WA 98504-4520

Refunds to the State Fund or Crime Victims' Compensation Program:

Submit all refunds (checks payable to the Department of Labor and Industries) for State Fund and Crime Victim claims with a copy of the Remittance Advice and explanation to:

Cashier
Department of Labor and Industries
PO Box 44835
Olympia WA 98504-4835

Returning Crime Victims' Compensation Program Checks Issued to Providers or Claimants:

Send the check with a copy of the Remittance Advice to:

Luanne Smith
Crime Victims Compensation Program
PO Box 44520
Olympia WA 98504-4520

Returning State Fund Checks Issued to Providers or Claimants:

Send the check with a copy of the Remittance Advice to:

Provider Accounts
Department of Labor and Industries
PO Box 44261
Olympia WA 98504-4261

Please note: If only a portion of the check is incorrect, **do not** return the entire check. This will cause delays in receiving the payments that are yours. Instead send a refund for only the payment(s) made in error.

Self Insured Bills:

Submit all bills directly to the self insured employer or Third Party Administrator, unless the claim is from a bankrupt self insured employer. *Only send bills for bankrupt self insurers to:*

Self Insurance Section
Bankrupt Desk
Department of Labor and Industries
PO Box 44892
Olympia WA 98504-4892

Hotline Tips for Providers

Have the claim number ready before calling any of the phone numbers below.

What does the claim number tell me about a claim?

- ☛ State Fund claims begin with the letters “**B, C, F, G, H, J, K, L, M, N, P, or X**” followed by six digits. Department of Energy claims have seven digits with no preceding letter.
- ☛ Self Insured claims begin with an “**S,**” “**T**” or “**W**” followed by six digits. Questions on self-insurance claims should be directed to the employer, the employer’s service representative or the Self-Insurance section of Labor and Industries at **360-902-6901**.
- ☛ Crime Victims' claims begin with a “**V**” followed by six digits or “**VA, VB, VC, VH or VJ**” followed by five digits.
- ☛ Federal claims begin with “**A13**” or “**A14.**”

Tips for Receiving Top Service from the Provider Hotline (1-800-848-0811)

- ☛ If you are calling for an authorization, please be ready with your provider number, the claim number, procedure codes, dates of service, referring physician and basis for the request.
- ☛ If you are calling about a specific bill, the 17-digit Internal Control Number (ICN) and total bill charge will help us locate the bill more quickly. Please refer to your “Remittance Advice” when calling for information or on bills for which you know the first date of service. Call:
 - the Interactive Voice Response (IVR) system for "bills-in-process" and
 - the Provider Hotline for all other bills

Remember that the State Fund is unable to process bills with dates of service more than a year old. Exception: Cases on appeal to the Board of Industrial Insurance Appeals or court system.

- ☛ Any corrections to payments on your remittance advice need to be brought to the State Fund’s attention within 60 days after you receive it or the payment becomes final and binding. The remittance advice outlines your protest rights. You may choose to submit a “Provider Request for Adjustment” during this 60 day period rather than protest, but this does not preserve your protest rights.
- ☛ Provider Hotline staff cannot transfer calls from toll-free lines.
- ☛ Provider Hotline staff request that you limit your inquiries to 5 or fewer claims to allow other callers access to the available staff.

Where do injured workers call for information?

- ☛ Questions from injured workers should be directed to the automated IVR line at **1-800-831-5227**, the Office of Information and Assistance (OIA) at **1-800-LISTENS (800-547-8367)** or the worker’s claim manager.

Toll-Free Phone Resources

Are you using the State Fund's Interactive Voice Response Message System and Provider Hotline to your best advantage? Please read on for tips to help you quickly obtain answers to claims and billing questions.

1-800-831-5227

Interactive Voice Response Message System

For most claim and billing questions, your first stop should be the toll-free Interactive Voice Response (IVR) Message System. Use your provider account number and a touch-tone telephone to access automated information on the status of State Fund claims, allowed/denied diagnosis and procedure codes and current bill status. The IVR line is available weekdays between 6 a.m. and 7 p.m. Your *Attending Doctor's Handbook* provides details. (To request a copy call **1-800-848-0811**).

1-800-848-0811

Provider Hotline

Medical treatment adjudicators staffing the Provider Hotline can answer your questions on bill payment or denial, provider bulletins and updates, the Medical Aid Rules and Fee Schedule, and applicable sections of the Washington Administrative Code (WAC) or Revised Code of Washington (RCW). The Provider Hotline operates from 8 a.m. to 5 p.m. weekdays.

Provider Hotline staff also authorize radiology services and diagnostic testing such as arthrograms, myelograms, bone scans, CT scans, MRIs of the brain and pelvis, EMGs and NCVs.

Hotline staff also assist you by authorizing medical services such as:

- Psychiatric or psychological consultations,
- orthotics, prosthetics,
- durable medical equipment,
- hearing aids,
- massage therapy, and
- interpretive services.

1-800-541-2894

Authorizations for Inpatient and Targeted Outpatient Procedures from First Health

Authorization for inpatient procedures, MRIs (excluding the brain and pelvis) and targeted outpatient procedures as outlined in Provider Bulletin 94-10 should be requested from First Health.

**1-800-999-TENS
(1-800-999-8367)**

Authorizations for TENS from Performance Modalities, Inc.

Authorization for Transcutaneous Electrical Nerve Stimulator (TENS) units and supplies should be requested from Performance Modalities, Inc.

1-800-762-3716

Crime Victims' Claims

Questions about crime victims' claims should be directed to the Crime Victims' Compensation Program at Labor and Industries.

206-553-5508

Federal Claims

(or 206-553-5521) Questions on federal claims should be directed to the U.S. Department of Labor.
(or 206-553-5255)

Occupational Nurse Consultants for the State Fund

NAME	PHONE	UNIT(S)	COUNTIES
Betzig, Kathy		W, Y	Okanogan, Kittitas, Grant, Yakima, Benton, Franklin, Walla Garfield, and Asotin
Dobbs, Dave	(360) 902-4382	7, U	Out-of State, Chelan, Douglas, Grant, Kittitas, Okanogan and Yakima
	(360) 902-4520	P, R	Pend Oreille, Whitman
Keefe-Hardy, Virginia	(360) 902-6743	K, L & O	Grays Harbor, Mason, Thurston, Pacific, Wahkiakum, Lewis, Cowlitz, Clark, Skamania, and Klickitat
LaPalm, Lucille	(360) 902-4293	A, B	King
McCandless, LaVonda	(360) 902-6690	G, J	Pierce
Sainitzer, Barbara	(360) 902-4411	C, UW	King, Okanogan, Chelan, Douglas, Kittitas, Yakima, and Grant
Schuh, Marianne	(360) 902-4335	E, F	King
Shuster, Lindsay	(360) 902-9105	8, 9	Snohomish and Pierce
Sinnett, Annalee	(360) 902-4322	D, X, 6	Snohomish and San Juan Island
Skeers, Vicki	(360) 902-6804	3	CRI/Asbestos Claims
Skoropinski, Kim	(360) 902-6682	M, N	Clallam, Jefferson, Whatcom, Skagit, and Kitsap
Tassoni, Dorothy	(360) 902-6425	H, Z	Clark, Cowlitz, Grays Harbor, Klickitat, Lewis, Mason, Pacific, Skamania, Thurston, and Wahkiakum
Pat Patnode	(360) 902-5030	Nurse Consultant Manager	
Secretary	(360) 902-5013		

State Fund Field Nurse Consultants

NAME	PHONE	REGION	FAX
Hunt, Liana	(509)454-3729	Yakima	(509)454-3710
McMahon, Marilyn	(253)290-1331	Everett	(425)290-1399
Ottmar, Liz	(509)324-2559	Spokane	(509)324-2636
Shifren, Chuck	(253)290-1325	Everett	(425)290-1399
Vandergriff, Helen	(253)596-3904		(253)296-3956

Consultants for the Crime Victims' Compensation Program

NAME	PHONE	TITLE	SPECIALTY
Parr, Loni	(360) 902-5319	ONC	Medical
Wood, Carol	(360) 902-5367	Ph.D	Mental Health



Chiropractic Fee Schedule Clarification

Attention Chiropractors in Washington, Idaho, and Oregon

By **Diane Reus**
Robert Mootz, DC

(360) 902-5021
(360) 902-4998

When a reopening application is filed, the services required to complete the application will be paid regardless of the insurer's action on the application. When performed on the same date as completion of the reopening application (1041M), an E/M visit (with -25 modifier when a chiropractic treatment code is also billed) and any covered diagnostic studies (such as x-rays) will be paid. Treatment procedures on the same date and subsequent to the application date will only be paid if the claim is reopened, as no treatment is payable on denied reopenings (closed claims).

Exception: If the department denies the reopening because there was never an employer-employee relationship, the cost of the initial and all subsequent visits are the responsibility of the worker.

Dry Hydrotherapy

Attention All Board Certified Physical Medicine Specialists and Physical Therapists

By Jonathan Milstein

(360) 902-6298

What is dry hydrotherapy?

Dry hydrotherapy is a technique where a patient is either laying or sitting on a waterbed-like device that contains interior jets, which rotate and pulsate while releasing streams of pressurized heated water along the patient's body. This heated hydrotherapy is delivered in a dry environment.

Dry hydrotherapy is intended to increase blood circulation, range of motion, and decrease the need for other therapies.

Where can dry hydrotherapy be used?

Dry hydrotherapy is a physical therapy modality that may be employed in the clinical setting without prior authorization. The department will not reimburse for the use of dry hydrotherapy at home.

What are the limits on the use in a clinical setting?

The number of physical therapy treatments allowed without prior authorization is explained in detail in WAC 296-21-290 and WAC 296-23-220. Use of physical therapy is limited in number of treatments the patient may receive, not by modality.

How should dry hydrotherapy be billed?

Use of dry hydrotherapy by either a physical therapist or by an attending physician who is board qualified in physical medicine and rehabilitation must be billed using CPT code 97022. An attending physician who is not board qualified in physical medicine and rehabilitation must bill dry hydrotherapy under the 1044M code.

Only one unit of this code may be billed per visit per day, regardless of the length of time dry hydrotherapy is applied.



Hearing Aids

Attention All Hearing Aid Fitters/Dispensers and Audiologists

By Evonne Peryea

(360) 902-6828

Providers are reminded to include the serial number of the hearing aid device(s) on the warranty information submitted to the department. Also, the providers' accounting records must contain information regarding the make, model and serial number of the hearing aid device sold. (Most providers record information on their sales slips/receipts.) For all repairs the office/accounting records must indicate the serial number of the device that was repaired and the nature of the repair.

The department has received complaints from injured workers who have said they are receiving hearing aid batteries unsolicited from their hearing aid provider through the mail. The department requires preauthorization of all hearing related services. Sending injured workers batteries that they have not requested and for which they do not have an immediate need is in violation of the department's rules and payment policies.

Injured workers who have dermatologic problems requiring creams, lotions, or gels applied to their ears must be evaluated by a physician or dermatologist before the department will pay for such items.



Medical Examiner's Handbook Available

Attention All Attending and Treating Doctors and Approved Examiners

**By: Hal Stockbridge, MD, MPH
Carol Britton, RN**

**(360) 902-5022
(360) 902-6818**

A new edition of the *Medical Examiners' Handbook* is available. It was revised in September 1998. This handbook is written for attending doctors, IME examiners and consultants who perform impairment rating examinations.

The new handbook contains new and updated information on:

- How to rate permanent impairment.
- Brief, user-friendly sample reports.
- Worksheet for rating dorso-lumbar and lumbo-sacral impairment.
- Vocational issues, including a new, more user-friendly Doctor's Estimate of Physical Capacities form.
- Providing testimony.
- Occupational diseases, carpal tunnel and noise-induced hearing loss.
- Case examples to test your skills and a self-assessment test.
- Codes and fees for impairment ratings and IMEs.

Copies are available upon request at no fee. Call the Provider Toll Free line at 1-800-848-0811 or mail your request to Labor and Industries Warehouse, PO Box 44843, Olympia, WA 98504-4843.



Medical Reimbursement Methods Evaluation Project

Attention All Providers

By Marilyn Gisser

(360) 902-6801

L&I uses a number of different reimbursement programs – for example, the RBRVS professional fee schedule, the inpatient prospective payment system, and the pharmacy fee schedule -- to pay for medical services. In order to assure that these medical reimbursement programs are up to date and as good as the best practices in the health care industry, the department is currently conducting a comprehensive evaluation of all of its medical reimbursement programs.

The purpose of this project is to systematically evaluate and improve L&I's medical reimbursement programs with the goals of:

- Making L&I more efficient and effective at controlling its medical costs;
- Assuring access by injured workers to quality medical care; and

- Making L&I more responsive to trends and changes in its health care purchasing patterns and expenditures.

L&I contracted with the consulting firm Tucker Alan, Inc. to conduct this evaluation. The major project reports include:

- Comprehensive evaluation of current medical reimbursement programs;
- Recommendation of improvements to the department's medical reimbursement programs; and
- Evaluation of the department's approaches to analyzing and responding to trends in health care expenditures.

The project will be completed by June 30, 1999. L&I will implement those improvements recommended by the consultants and approved by the department.

For more information about this project please contact Marilyn Gisser, Project Manager, at (360) 902-6801 or gism235@lni.wa.gov.



Outpatient Prospective Payment System Project

Attention Hospitals and Freestanding Ambulatory Surgery Centers in WA, OR, and ID

By Marilyn Gisser, Project Manager

(360) 902-6801

The Department of Labor and Industries, the Department of Social and Health Services' Medical Assistance Administration, and the Washington State Health Care Authority are collaborating on a project to develop and implement an Outpatient Prospective Payment System (OPPS). These state agencies plan to use the OPPS to pay for outpatient hospital services and facility costs billed by freestanding ambulatory surgery centers. The OPPS will not pay for professional services. It will not apply to self insured employers. The target date for the agencies to begin paying with the OPPS is April 2000.

The agencies have selected the Ambulatory Patient Grouper (APG) system to classify outpatient claims for payment. We are developing the OPPS with the assistance of the consulting firm ORION, Inc. and with the input of a Technical Advisory Group (OPPS-TAG) comprised of provider representatives and other interested parties. Major tasks that the project will complete between February and June 1999 include finalizing the list of providers and services which will be paid under the OPPS, and defining the specifics of the OPPS weights, rates, and payment policies.

The following tasks are targeted for completion by April 2000 in order to implement the OPPS:

- Payment system changes and acceptance testing
- Provider education
- Rule making (WAC changes)

For more information about this project please contact Marilyn Gisser, L&I Project Manager, at (360) 902-6801 or gism235@lni.wa.gov, or visit the OPPS project web site, www.wa.gov/hca/hprd/opps.htm.



Post-Acute Head Injury Program

Attention Post Acute Head Injury Program Staff

By Pat Patnode, ONC

(360) 902-5030

For State Fund Claims, please be sure to have a State Fund Occupational Nurse Consultant involved in the coordination of treatment starting with the evaluation. To locate the phone number of the correct ONC, please refer to the September 1998 Provider Update # 98-02 and the list above.

If you need a copy of Provider Update # 98-02, please call 1-800-848-0811.



Transcutaneous Electrical Nerve Stimulation (TENS)

Attention Attending and Treating Doctors and Physical Therapists in Washington, Oregon, and Idaho

By Susan Christiansen, ONC

(360) 902-6821

If you have questions about how to obtain authorization for or maintain a TENS unit for State Fund claims, please contact me at (360) 902-6821 or chrs235@lni.wa.gov or by fax at (360) 902-4249.

Providers in Washington, Oregon and Idaho who treat Washington State Fund claimants must obtain TENS units and supplies from Performance Modalities, Inc. (1-800-999-TENS or 1-800-999-8367).

Out-of-state providers in other states who treat State Fund claimants are strongly encouraged to obtain TENS units and supplies from Performance Modalities, Inc. If a different provider is used to obtain TENS units and supplies, call the department's Provider Hotline 1-800-848-0811 to request TENS authorization.

Blake Maresh, who is listed on Provider Bulletin # 97-01 is no longer the correct person to contact.